## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

pplication or Docket Number

09/890088

1		CLAIMS	AS FILED	- PART	I			CAAALL	CAITITY			Name of the last
TOTAL CLAUMO			(Colur	(Column 1)		(Column 2)		SMALL ENTITY TYPE		O	HTO SAME	R THAN L ENTITY.
TOTAL CLAIMS				_		al description		RATE	FEE		RATE	3 3 3 1 3 3 4 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5
L	OR	NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC F	<del></del>		BASIC FE		
י	OTAL CHARG	12 m					X\$ 9=	<del>'   ' ' - '</del>	1		5 20 5 3 3	
ΙN	IDEPENDENT	a minus 3 =		•					_ OF	X\$18≃		
М	ULTIPLE DEPE						X40=		OF	X80=		
•	f the difference	o in oak 4 :		less than zero, enter				+135=		OR	+270=	The state of the s
•						column 2	•	TOTAL		OR		
CLAIMS AS AMENDED - PART II										OTHER	THAN	
(Column 1)			To sum a s	(Colum		(Column 3)		SMALL	ENTITY	OR		
AMENDMENT A		REMAINING		HIGHE NUMB		PRESENT	Г		ADDI-	7		ADDI-
		AFTER AMENDMENT		PREVIO PAID F	USLY	EXTRA		RATE	TIONAL FEE	-	RATE	TIONAL
NON	Total		Minus	••	<del></del>	=		X\$ 9=	TEE_		V610	FEE
AME	Independent	•	Minus	•••		=	·  -			OR	X\$18=	
_	FIRST PRESI	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		-	X40=		OR	X80=	
							Ŀ	+135=		OR	+270=	
							40	TOTAL DIT. FEE		OR	TOTAL	
		(Column 1)	_	(Columi	n 2)	(Column 3)	AU	UII. FEE		<b>.</b> ,	ADDIT. FEE	
8		CLAIMS REMAINING	11-11-15	HIGHE	ST	,00.0	_	<del></del> -	4.554	1 -		
N		AFTER		NUMBE PREVIOL		PRESENT	1.	RATE	ADDI- TIONAL			ADDI-
ME		AMENDMENT		PAID FO		EXTRA	1	TAIL	FEE	1 1	RATE	TIONAL
N	Total	•	Minus	**		=		X\$ 9=	<u>. 1 66.</u>	l	X\$18=	FEE
AMENDMENT	Independent	•	Minus	***		=	-	X40=		OR		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT C	LAIM		F	^4U= 		OR	X80=	
							1	135=	,	OR	+270=	ł
							400	TOTAL		OR .	TOTAL	
		(Column 1)		(Column	2) (	Column 3)	AUI	DIT. FEE		JOI' A	ODIT. FEEL	
٦	Marie Control	CLAIMS	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	HIGHES	<b>3T</b>	Coldinii 3)	_			_		
	t Bergin	REMAINING AFTER	an et Monte Adams	NUMBE PREVIOU:	R	PRESENT	١.		ADDI-			ADDI-
<u> </u>		AMENDMENT	TO THE STREET	PAID FO		EXTRA	1,	RATE	TIONAL FEE		RATE	TIONAL FEE
: }	Total	•	Minus	**		=	X	\$ 9=			X\$18=	
-	Independent		Minus	***		=	-	40=		OR		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	X80=	
11	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=	į
11	"If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20."  ADDIT FFF									ÖR 🚜	TOTAL	
Th	ne "Highest Numb	ber Previously Paid	For (Total or I	ndependent)	ss man : is the hi	3, enter "3." igh st number fo	ound i	the ann	onriate hov	in colum	DDIT. FEE	
			•			'-	- "	" - ahhi	-huare DOX	colur	1861 T.	